

Test Definition: PAS3

Pediatric Allergy Screen <3 Years, Serum

Reporting Title: Pediatric Allergy Scrn <3 Yrs, S

Performing Location: Rochester

Ordering Guidance:

For a listing of allergens available for testing, see Allergens - Immunoglobulin E (IgE) Antibodies

Specimen Requirements:

Collection Container/Tube: Preferred: Serum gel Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL for every 5 allergens requested

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

For 1 allergen: 0.3 mL

For more than 1 allergen: (0.05 mL x number of allergens) + 0.25 mL deadspace

Forms:

If not ordering electronically, complete, print, and send an Allergen Test Request (T236) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	90 days	

Result Codes:

Result ID	Reporting Name	Туре	Unit	LOINC®
EGG	Egg White, IgE	Numeric	kU/L	6106-9
	Also used by tests: EGG			
MILK	Milk, IgE	Numeric	kU/L	6174-7
	Also used by tests: MILK			
WHT	Wheat, IgE	Numeric	kU/L	6276-0
	Also used by tests: WHT			

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Result ID	Reporting Name	Туре	Unit	LOINC®
SOY	Soybean, IgE	Numeric	kU/L	6248-9
	Also used by tests: SOY			
DF	House Dust Mites/D.F., IgE	Numeric	kU/L	6095-4
	Also used by tests: DF			

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
EGG	Egg White, IgE			Yes	Yes
MILK	Milk, IgE			Yes	Yes
WHT	Wheat, IgE			Yes	Yes
SOY	Soybean, IgE			Yes	Yes
DF	House Dust Mites/D.F., IgE			Yes	Yes

CPT Code Information:

86003 x 5

Reference Values:

Class	IgE kU/L	Interpretation	
0Â	<0.10Â	NegativeÂ	
0/1Â	0.10-0.34Â	Borderline/equivocalÂ	
1Â	0.35-0.69Â	EquivocalÂ	
2Â	0.70-3.49Â	PositiveÂ	
3Â	3.50-17.4Â	PositiveÂ	
4Â	17.5-49.9Â	Strongly positiveÂ	



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5Â	50.0-99.9Â	Strongly positiveÂ
6Â	> or =100Â	Strongly positiveÂ

Reference values apply to all ages.